



Reflections on a naturopathic experience

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Having obtained an undergraduate degree in biology from Harvard University in Cambridge, Mass, attended medical school at Emory University in Atlanta, Ga, and completed my third year of family medicine residency at the Mayo Clinic in Scottsdale, Ariz, my medical training and experience has been of a Western, conventional approach. Given the increasing number of patients I encounter who are pursuing alternative medicine interventions, along with my lack of knowledge and understanding of these approaches, I decided to complete a 1-month rotation at the Southwest College of Naturopathic Medicine in Phoenix, Ariz. The experience provided exposure to a number of alternative therapies, such as hydrotherapy, acupuncture, traditional Chinese medicine, homeopathy, mind-body medicine, naturopathic environmental medicine and psychiatry, etc.

Based on the belief that the human body has the innate ability to heal itself, naturopathic doctors complete a 4-year graduate degree program focusing on how diet, exercise, and healthy lifestyle interventions, in combination with natural therapies, can restore and optimize health. Key principles include allowing nature to heal, identifying and treating the cause of illness, not causing harm to the body, educating patients, treating the whole person, and preventing illness.¹

Although there are differences in the philosophies and therapeutic measures between conventional and naturopathic medicine, there are also similarities. From a conventional perspective, some naturopathic practices are often—appropriately—approached with skepticism; nonetheless, I was amazed at the clinical improvements in the patients I treated during the month-long rotation. Whether it was years of chronic pain from fibromyalgia cured from a naturopathic approach (eg, daily fluconazole for candidal overgrowth eradication, intravenous nutritional supplements, and 5-hydroxytryptophan) or dramatic clinical improvement in stress and pain levels from acupuncture treatment, I came away with a better understanding of how some of these approaches benefit patients.

More and more patients are seeking both conventional and alternative approaches to their care, and although we might not accept or believe in some of these methods as conventional physicians, we will no doubt be able to provide better care to the population we serve by learning at least some of the basics of these

alternative treatments. In doing so, however, it is important to understand that there is a broad range of naturopathic and therapeutic training. For example, in contrast to a 4-year in-house curriculum that includes basic science lectures, clinical rotations, and eligibility to write the Naturopathic Physicians Licensing Examinations, many naturopaths receive their education via online or home-study programs from institutions that are not recognized or accredited by the Council on Naturopathic Medical Education.² Currently, only 15 states, 5 Canadian provinces, the District of Columbia, and the US territories of Puerto Rico and the US Virgin Islands have laws regulating naturopathic doctors³; other states or provinces might allow naturopathic practice from individuals who have received online training only.

My experience provided me with insight into how complementary and alternative medicine can be incorporated into conventional practice when clinically appropriate. Although I might not adopt the principles and practices observed during the rotation, when I recognize a condition that might benefit from some of these alternative therapies, I now query patients to gauge their interest in these approaches and refer them to alternative health providers as appropriate. A 52-year-old man presented to my clinic with a history of substantial pain, weakness, and tingling and numbness in his left arm that had been unresponsive to both narcotics and the methylprednisolone he had received at an urgent care facility. Owing to concern over a compressive cervical radiculopathy, I ordered a cervical magnetic resonance imaging scan, but the results were inconclusive. Follow-up revealed that the patient's symptoms were due to regional myofascial pain, with intense trigger-point pain at the left medial scapula. After just 1 acupuncture session, the patient saw excellent symptomatic improvement.

Patients will continue to seek alternative therapeutic approaches to their care and, as this case illustrates, basic knowledge of the options available will equip us to appropriately guide patients to safe, effective treatment options that align with their needs. 🌿

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Competing interests

None declared

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